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8968 7590 08/29/2005

GARDNER CARTON & DOUGLAS LLP
 ATTN: PATENT DOCKET DEPT.
 191 N. WACKER DRIVE, SUITE 3700
 CHICAGO, IL 60606

10/13/2005 STEUMEL2 00000048 070181 09897790

01 FC:1501 1400.00 DA
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Lois Ann Borlase (Depositor's name)
Lois Ann Borlase (Signature)
 October 11, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/897,790	06/29/2001	Peter Stanforth	1710.002	1219

TITLE OF INVENTION: AD HOC PEER-TO-PEER MOBILE RADIO ACCESS SYSTEM INTERFACED TO THE PSTN AND CELLULAR NETWORKS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	11/29/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
CORSARO, NICK	2684	455-422100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Gardner Carton &

1. Douglas, LLP2. Joseph J. Buczynski

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

MeshNetworks, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Maitland, FL

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-0181 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Typed or printed name Joseph J. Buczynski

Date

Registration No. 35,084

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